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Under the Paperwork F	Reduction Ac	t of 1995, no persons	are requin	ed to respond to a	collection o			s a valid OMB control number	
Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)			Complete if Known						
			Application Number		10/770,437				
FEE TRANSMITTAL			Filing Date		February 4, 2004				
For FY 2007			First Named Inventor		YASUO SUDA				
Applicant claims small entity status. See 37 C.F.R. 1.27				Examiner Name		Christopher K. Peterson			
			Art Unit		2609				
TOTAL AMOUNT OF PAYMENT 0.00 Attorney Docket No. 02975.000139									
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Deposit Account Name: Observation Servation Se									
FEE CALCULATION			-						
1. BASIC FILING, SEAR	CH. AND E	XAMINATION FE	ES						
FILING FEES SEARCH FEES EXAMINATION FEES									
Application Type		all Entity See (\$)	Fee (\$	Small Entity Fee(\$)	Fee	Small Entity Fee(\$)		Fees Pald (\$)	
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	200	100	300		160				
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	(0			
2. EXCESS CLAIM FEES S sul Entity Fee Description Fee (S) Fee(S) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 300 100 Multiple dependent claims 340 180									
Total Claims	Extra Clair	ms Fee (\$)	Fee Pa	ld (\$)	Multip	le Dependent Cla	lms		
13 - 20 or HP = HP = highest number of t	0 total claims	x 0 s paid for, if greater	= 0 than 20		<u>Fe</u>	e(\$) <u>F</u>	ee Paid (<u>\$)</u>	
Indep. Claims	Extra Cla	ims Fee(\$)		Fee Paid (\$)	_			-	
$\frac{2}{\text{HP}} = \frac{3}{\text{O}}$ or HP = $\frac{3}{\text{O}}$ x $\frac{3}{\text{O}} = \frac{3}{\text{O}}$ HP = highest number of independent claims paid for, if greater than 3									
3. APPLICATION SIZE FEE If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = / 50 = (round up to a whole number) x =									
Non-English Specification, \$130 fee (no small entity discount)									
Other:									

SUBMITTED BY								
Signature	/Gary M. Jacobs/	Registration No. (Attorney/Agent) 28,861	Telephone 202-530-1010					
Name (Print/Type)	Gary M. Jacobs		Date: May 21,2007					

This condiction of information is required by 37 CPE 1.1.53. The information is required to obtain or ceitain a benefit by the public victor is to fair profly or LEST 10.0 process) and operation. One officially in some of the year of years of years of the public victor in the year of years of years